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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005484 (0)

1. Corporation Name
NORTH RIVERSIDE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2543 LEWIS ST JACKSONVILLE FL 32204	2543 LEWIS ST JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 11/04/1994

4. FEI Number: 59-3284242 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2893 Edison Ave	26 Same as in 2
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville Fla.	28 City & State
24 Zip: 32254 25 Country	29 Zip 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAROL S MILLER 126 W ADAMS ST STE 700 JACKSONVILLE FL 32204	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	MCPHERSON, JOHN		1.2 NAME	Kerr, Diane	
STREET ADDRESS	2543 LEWIS ST		1.3 STREET ADDRESS	2893 Edison Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP	Jacksonville Fla. 32254	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	HAMMOND, SARAH		2.2 NAME	Brown, Dorothy	
STREET ADDRESS	2832 WEBSTER ST		2.3 STREET ADDRESS	296 Stockton St.	
CITY-ST-ZIP	JACKSONVILLE FL 32205		2.4 CITY-ST-ZIP	Jacksonville, Fla. 32204	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	BROWN, DOROTHY Y		3.2 NAME	Merrit, Pearlene	
STREET ADDRESS	296 STOCKTON ST		3.3 STREET ADDRESS	366 Broward St.	
CITY-ST-ZIP	JACKSONVILLE FL 32204		3.4 CITY-ST-ZIP	Jacksonville, Fla 32204	
TITLE	TD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	KERR, VINCE		4.2 NAME		
STREET ADDRESS	2893 EDISON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, WILLIAM		5.2 NAME		
STREET ADDRESS	2803 FITZGERALD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	GREGORY, MALCOLM		6.2 NAME	Hammond, Sarah	
STREET ADDRESS	2890 HUNT ST		6.3 STREET ADDRESS	2832 Webster St	
CITY-ST-ZIP	JACKSONVILLE FL 32254		6.4 CITY-ST-ZIP	Jacksonville Fla. 32205	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent J. Kerr Vincent J. Kerr 1-15-98 904-387-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004444